



Last Updated: 03/09/2022

## Changes to the Prior Authorization Process for Intensive In-Home Services - Effective July 1, 2008

The purpose of this memorandum is to provide information on changes to the Intensive In-Home (IIH) program and prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). The two changes include

(1) a separate procedure code for assessments and (2) prior authorizations will be required after the first 12 weeks of service.

To support these new requirements, a WebEx training will be held June 19, 2008 from 3p.m. to 4p.m. to provide instructions on how to submit requests through KePRO. To log on to this WebEx, go to [www.genesys.com](http://www.genesys.com) and click on "join a meeting as a participant". Enter the meeting number: \*9240330\*, then choose "*How to submit a successful PA for Intensive In-Home Services*". The call-in number is 1-866-462-0164. This WebEx will be recorded and available on the KePRO website after June 19, 2008 to view at your convenience.

### Changes to the IIH Program

#### ***Assessments (H0031)***

Assessments performed on or after July 1, 2008 must be billed using the procedure code **H0031 (Intensive In-Home Assessment)**. A limit of two assessments per recipient may be reimbursed per fiscal year. A fiscal year is defined as July 1<sup>st</sup> through June 30<sup>th</sup>. The reimbursement rate is \$70 per assessment and do not require PA.



## ***Services Provided after the Initial Assessment (H2012)***

Effective July 1, 2008, the current authorization process will change from requiring authorization after the first 26 weeks each treatment year to requiring authorization after the first 12 weeks in the first year of treatment. The first year of service will commence July 1, 2008 for all individuals.

Individuals that were receiving IIH services either under State Plan Option or under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program that currently have an authorized period have been included in the new requirement. An existing authorization period or extension request that continues beyond July 1, 2008 will now be end dated June 30, 2008. Individuals currently under treatment will receive the first 12 weeks beginning July 1, 2008 without PA.

For service dates starting on or after July 1, 2008, the first 12 weeks do not require PA. All subsequent requests, regardless of the dates of services, will require PA through KePRO. The State Plan for Intensive In-Home Services allows 26 weeks of treatment per recipient. If a child under 21 years of age requires services beyond 26 weeks, coverage through EPSDT may be requested through KePRO. After the initial 12 weeks of treatment without PA, in the first treatment year, all weeks must be prior authorized. The first 26 weeks in subsequent treatment years are State Plan services, and any additional weeks are EPSDT services. Regardless of when services start for the first treatment year, the subsequent year's anniversary date re-sets to July 1. All treatment sessions for subsequent years require PA.

For reimbursement of this service, the individual must require 3 - 10 hours of therapeutic intervention per week. In exceptional circumstances, and with appropriate supporting documentation that includes medical necessity, providers may perform up to 15 hours per week, however this should not be routine. KePRO will authorize up to 50 hours per month once it is determined medical necessity has been met. Providers may only bill for the actual services provided, and this must be well documented, as stipulated in the *Community Mental Health*



## *Rehabilitative Services Manual.*

Providers will begin receiving their official authorization determinations (denials or approvals) via the First Health automated letter generation process. The letter generated from First Health will include a PA number. This number must be used when submitting claims. Claims submitted for services that exceed the units authorized, or exceed 50 units per month will be denied.

PA decisions will be made utilizing DMAS criteria identified in the *Community Mental Health Rehabilitative Services Manual*. Please refer to this manual for more detailed information regarding IAH services and billing requirements. The link is <http://websrvr.dmas.virginia.gov/manuals/CMHS/cmhrs.htm>.

### **Prior Authorization Process Through KePRO - Effective July 1, 2008**

KePRO will accept requests for PA via iEXCHANGE (direct data entry through the web), fax, mail, or phone. The preferred method of submission for requesting PA is through iEXCHANGE

You must have a provider web account before submitting information through iEXCHANGE. To register for a web account, you must know your NPI and tax identification number. You will receive a log on pass code within 10 days of registration. To submit requests via iEXCHANGE, log on to [DMAS.KePRO.org](https://dmas.virginia.gov/KePRO) and register for a provider web account.

Submit requests for dates of service on and after July 1, 2008  
via phone, fax, or mail to: KePRO

**Toll Free Phone:** 1-888-VAPAUTH (1-888-827-2884)

**Local Phone:** (804) 622-8900



# MEDICAID MEMO

**Fax:** 1-877-OKBYFAX (1-877-652-9329)

2810 N. Parham Road, Suite 305

Richmond, VA 23294

To submit requests by fax or mail you must complete the request on the DMAS 366 (Intensive In-Home Service Request form and instructions), which is attached to this memo. This form and its instructions identify critical information to process IIH PA requests (i.e., whether received by web, fax, phone, or paper). The DMAS 366 form has been revised and is attached to this memorandum. It is also available under "forms" on KePRO's website at <http://dmas.kepro.org> or at [www.dmas.virginia.gov/pr-prior\\_authorization.htm](http://www.dmas.virginia.gov/pr-prior_authorization.htm).

When requesting PA through KePRO, **use procedure code H2012** (Intensive In-Home Services) and submit the request on the revised DMAS-366 (Intensive In-Home Service Prior Authorization Request form and instructions). The required elements for requesting authorization for service remain the same. Please review the revised fax form (DMAS 366) and instruction sheet attached to this memo.

KePRO will pend requests that require additional information in order to make a final determination. Notifications of pended requests will be sent back to the provider by fax. Providers are required to respond to KePRO's request for additional information as quickly as possible to continue processing the request. The provider has three business days to provide the additional information or the request will be denied.

## **Resource Information**

Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to [providerissues@kepro.org](mailto:providerissues@kepro.org) or [PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov).



## MEDICAID MEMO

For questions specifically regarding any of the Community Mental Health Rehab Services, you may send inquiries to [CMHRS@dmas.virginia.gov](mailto:CMHRS@dmas.virginia.gov). Remember do not send Protected Health Information (PHI) by e-mail unless it is sent via a secure encrypted e-mail submission.

All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627, or if you are located in Richmond or out-of-state, call 804-786-6273.

### **Alternate Methods to Obtain PA, Eligibility and Claims Status Information**

DMAS offers an enhanced web-based Internet option Automated Response System (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

### **Copies of Manuals**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.



## **Provider E-Newsletter Sign-Up**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: [www.dmas.virginia.gov/pr- enewsletter.asp](http://www.dmas.virginia.gov/pr- enewsletter.asp). Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.